

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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FORM
DR-2

(Rev. 07/2003)

DISCLOSURE
REPORT

COMMITTEE NAME (Must be same as on Statement of Organization)

Goodman for Council

IMPORTANT: Indicate type of committee you are reporting for:

4

(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee
(8)Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Matthew D. Goodman

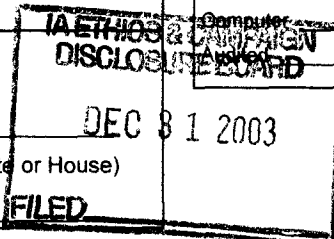
Political Party

Independent

Office Sought

City Council Member At-Large

District (if Senate or House)



For Office Use Only

Comm. #

Logged In

Scanned

July J. F...

SIGNATURE OF TREASURER (or person filing this report)

515-292-4773

TELEPHONE

12-29-03

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A first of month following election REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date)

Indicate one 1

☒ CHECK IF AMENDMENT TO REPORT DATED December 1, 2003

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
December 2, 2003

County & Local Committees, enter County in
which Election is held
Story

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)

377.01

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

-25.00

Schedule F: Loans Received total (Attach Schedule F)

2000.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

n/a

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$ 2352.01

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1961.05

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)

390.96

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 93.88

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 3000.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES

☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ n/a

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Goodman for Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Unitemized contributions for the period		\$25.00	<input type="checkbox"/>
12.01.03	ID# CK#	James T. Cooper, 916 Ridgewood Avenue, Ames, IA, 50010		50.00	<input type="checkbox"/>
12.06.03	ID# CK#	Fahim Rahmani, P.O. Box 1014, Ames, IA, 50014-1014		100.00	<input type="checkbox"/>
12.24.03	ID# CK#	Reverse entry (bounced check) from Bill Donovan, 1517 Roosevelt Avenue, Ames, IA, 50010		-200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ -25.00	
TOTAL (if last page of this schedule)				\$ -25.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Goodman for Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11.26.03	ID# CK#	Story County Auditor's Office, 900 6th Street, Nevada, IA, 50210	Purchased labels of voters	\$ 10.54
11.26.03	ID# CK#	Sigler Printing and Publishing, 413 Northwestern, Ames, IA, 50010	Paid for Postage for Postcard mailing	708.63
11.28.03	ID# CK#	Sigler Printing and Publishing, 413 Northwestern, Ames, IA, 50010	Paid for Postage for Postcard mailing	402.96
11.29.03	ID# CK#	Neysa Furber, 3303 West Street, Ames, IA, 50014	Payment of Debt from 12.01.03 Sch. D report, plus reimbursement for \$ 14.82 for gas for campaign trips and	29.12
12.01.03	ID# CK#	Copyworks Plus, 105 Welch Avenue, Ames, IA, 50014	Brochure copies and folding	44.89
12.02.03	ID# CK#	Innova Ideas and Services, 304 Main Street, Ames, IA, 50010	Payment of Debt for Postcard Printing (was estimated high on 12.01.03 Sch. D report)	222.56
12.22.03	ID# CK#	Matthew Goodman, 3303 West Street, Ames, IA, 50014	Payment of Debt from 12.01.03 Sch. D report, plus reimbursement for \$ 16.02 for "Thank you" cards	542.35
	ID# CK#			
SUB-TOTAL				\$ 1961.05
TOTAL (if last page of this schedule)				\$ 1961.05

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

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COMMITTEE NAME (Must be same as on Statement of Organization)
Goodman for Council

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input checked="checked" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
			\$
		SUB-TOTAL	\$ 0.00
		TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD	\$ 0.00

*If actual figure is unknown, show "estimated" beside the figure.

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(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Goodman for Council

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SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11.28.03	Beth and Russ Cross, 3409 Oakland, Ames, IA, 50014		Paid for Postcard postage	\$ 55.80	<input type="checkbox"/>
11.28.03	Tami and Steve Goodhue, 3028 Bayberry Road, Ames, IA, 50014		Paid for Postcard postage	22.54	<input type="checkbox"/>
12.8.03	Matthew Goodman, 3303 West Street, Ames, IA, 50014	self	Paid for "Thank you Card" postage	15.54	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 93.88

TOTAL (if last
page of this
schedule) \$ 93.88

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

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SCHEDULE

F

(Rev. 07/03)

**LOANS
RECEIVED
& REPAYED**

☒ **CHECK THIS BOX IF
AMENDING FORM**

COMMITTEE NAME(Must be same as on Statement of Organization)

Goodman for Council

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
11.26.03	Matthew Goodman, 3303 West Street, Ames, IA, 50014	self	\$ 2000.00

TOTAL (PART I) \$ 2000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0.00

From Schedule E -- TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3000.00

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